

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
PAUL R. LEPAGE
GOVERNOR
11 State House Station
286 Water Street
Augusta, Maine 04333-0011

BETHANY L. HAMM ACTING COMMISSIONER

## SUPPLIERS OF COMPRESSED AIR FOR BREATHING PURPOSES

## **APPLICATION FOR LICENSE**

(Please print clearly)  COMPRESSOR LOCATION  NAME OF BUSINESS:	APPLICANT:
NAME OF BUSINESS:	(Please print clearly)
STREET:  CITY:  FELEPHONE:  EMAIL ADDRESS:  APPLICANT'S MAILING ADDRESS  CONTACT NAME:  STREET:  CITY:  ZIP:  APPLICANT'S SIGNATURE:  Please include a current copy of an air quality test from an approved testing company.  *Licenses are renewed annually and expire March 31st  EMake check or money order payable to: Treasurer State of Maine for \$10.00  Please mail to: Health Inspection Program 286 Water St - 11 SHS	COMPRESSOR LOCATION
CITY:	NAME OF BUSINESS:
APPLICANT'S MAILING ADDRESS  CONTACT NAME:  STREET:  CITY:  APPLICANT'S SIGNATURE:  Please include a current copy of an air quality test from an approved testing company.  *Licenses are renewed annually and expire March 31st  *Make check or money order payable to: Treasurer State of Maine for \$10.00  Please mail to: Health Inspection Program 286 Water St - 11 SHS	STREET:
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APPLICANT'S MAILING ADDRESS  CONTACT NAME:	TELEPHONE:
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PHONE: (207) 287-5671 TTY USERS: Dial 711 (Maine Relay) FAX: (207) 287-3165

Please visit our website at: <a href="www.maine.gov/healthinspection">www.maine.gov/healthinspection</a>